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FACSIMILE TRANSMITTAL COVER SHEET

DATE: 10/21/05 FILE NUMBER: KCC 4757 (K-C 16,831)
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DateType of paper transmitted: Notice of Appeal from the Primary
Examiner to the Board of Patent Appeals
and InterferencesApplicant's Name: Christopher P. Olson et al.Serial No.: 10/038,863 Examiner: M. KidwellFiling Date: 12/31/01 Art Unit: 3761 Confirmation No.: 6380Application Title: WETNESS INDICATOR FOR ALERTING A WEARER TO
URINATIONIF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS
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KCC 4757 (K-C 16,831)
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of Christopher P. Olson et al. Art Unit 3761
Serial No. 10/038,863
Filed December 31, 2001
Confirmation No. 6380
For WETNESS INDICATOR FOR ALERTING A WEARER TO URINATION
Examiner Michele M. Kidwell

October 21, 2005

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

TO THE COMMISSIONER FOR PATENTS,

SIR:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner dated August 25, 2005, rejecting the following claims: 1-18, 20, 22-28, 30, and 31.

- * The appeal fee of \$500.00 is submitted herewith.
If there are any additional charges in this matter, please charge Deposit Account No. 19-1345.

Respectfully submitted,



Richard L. Bridge, Reg. No. 40,529
SENNIGER POWERS
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(314) 231-5400

10/24/2005 MGBREM1 00000029 191345 10038863

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FEE TRANSMITTAL

OCT 21 2005

Application Number 10/038.863 Art Unit 3761
Filing Date December 31, 2001 Confirmation No. 6380
Inventor(s) Christopher P. Olson et al.
Examiner Name Michele M. Kidwell
Attorney Docket Number KCC 4757 (K-C 16.831)

☐ Applicant claims small entity status.

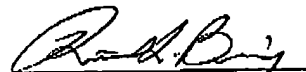
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FEE CALCULATION

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____
2. ☐ EXCESS CLAIM FEES
- | | | | | | | | | | | | |
|--|-------|---|-------|------|---|---|---|-----|-------|--------------|----------|
| Total Claims | _____ | - | _____ | (HP) | = | 0 | x | Fee | _____ | = | \$ 0.00 |
| Indep Claims | _____ | - | _____ | (HP) | = | 0 | x | Fee | _____ | = | \$ 0.00 |
| Multiple Dependent Claims Fee | | | | | | | | | | | \$ _____ |
| (HP = highest number of claims paid for) | | | | | | | | | | | |
| | | | | | | | | | | Subtotal (2) | \$ 0.00 |
3. ☐ APPLICATION SIZE FEE
- | | | | | | | | | | | | | | |
|--------------------------|-----|---|-----|---|-----|---|----|---|---|---|-----------------------|--------------|---------|
| Total Pages | N/A | - | 100 | = | NAN | ÷ | 50 | = | 0 | x | \$250 | = | \$ 0.00 |
| (Application + Drawings) | | | | | | | | | | | (round up to whole #) | | |
| | | | | | | | | | | | | Subtotal (3) | \$ 0.00 |
4. ☒ OTHER FEE(S)
- | | | | | | | | | | | | | | |
|-------------------------------------|-------------------------------------|-------------------------|--|--|--|--|--|--|--|--|--|--------------|-----------|
| <input type="checkbox"/> | _____ | month extension of time | | | | | | | | | | | |
| <input type="checkbox"/> | Information disclosure statement | | | | | | | | | | | | |
| <input type="checkbox"/> | 37 CFR 1.17(q) processing fee | | | | | | | | | | | | |
| <input type="checkbox"/> | Non-English specification | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Notice of Appeal | | | | | | | | | | | | |
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| <input type="checkbox"/> | Other: _____ | | | | | | | | | | | | |
| | | | | | | | | | | | | Subtotal (4) | \$ 500.00 |

TOTAL AMOUNT OF PAYMENT \$ 500.00


Richard L. Bridge
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10/21/05
Date
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RLB/imd

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